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NAME:	FACSIMILE NO.	TELEPHONE NO.
Commissioner for Patents Examiner H. B. Patel Art Unit 2186	703-872-9306	

FROM: Pattric J. Rawlins

RE: U.S. Patent Application No. 10/085,773
MEMORY CONFIGURATION FOR A WIRELESS COMMUNICATION DEVICE
Attorney Docket No. UTL 00080

CC:

MESSAGE:

Please find attached the Authorization to Act in a Representative Capacity in the above identified application.

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Client/Matter No.: 109834.UTL80
Equitrac No: 8065
109934.000000/507223.01

PTO/SB/21 (08-04)

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Total Number of Pages in This Submission

Application Number	10/085,773
Filing Date	02/26/2002
First Named Inventor	Robert Bruce Ganton
Art Unit	2186
Examiner Name	H. B. Patel
Attorney Docket Number	UTL 00080

ENCLOSURES (Check all that apply)		
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/ Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Authorization to Act in a Representative Capacity
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm Name Procopio, Cory, Hargreaves & Savitch LLP

Signature 

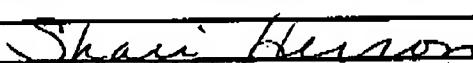
Printed name Patric J. Rawlins

Date December 21, 2004

Reg. No. 47,887

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Signature 

Typed or printed name Shari Herron

Date December 21, 2004

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including the gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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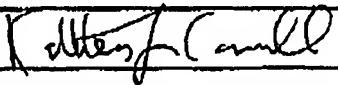
AUTHORIZATION TO ACT IN A REPRESENTATIVE CAPACITY

In re Application of: Robert Bruce GANTON	
Application No. 10/085,773	
Filed: February 26, 2002	
Title: MEMORY CONFIGURATION FOR A WIRELESS COMMUNICATIONS DEVICE	
Attorney Docket No. UTL 00080	Art Unit: 2186

The practitioner named below is authorized to conduct interviews and has the authority to bind the principal concerned. Furthermore, the practitioner is authorized to file correspondence in the above-identified application pursuant to 37 CFR 1.34:

Name	Registration Number
Pattric J. RAWLINS Procopio Cory Hargreaves & Savitch LLP 530 B Street, Suite 2100 San Diego, CA 92101 (619) 238-1900	47,887

This is not a Power of Attorney to the above-named practitioner. Accordingly, the practitioner named above does not have authority to sign a request to change the correspondence address, a request for an express abandonment, a disclaimer, a power of attorney, or other document requiring the signature of the applicant, assignee of the entire interest or an attorney of record. If appropriate, a separate Power of Attorney to the above-named practitioner should be executed and filed in the United States Patent and Trademark Office.

SIGNATURE of Practitioner of Record		
Signature		Date 12/14/2004
Name	Kathleen L. CONNELL	Registration No., if applicable 45,344
Telephone	(858) 882-2169	

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